

<b>Case Number:</b>	CM13-0026187		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychiatry and Neurology, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 27 year old male whose date of injury is 05/14/2012. He was in the basket of a crane, elevated approximately 110-120 feet above ground when he sustained a strong electrical shock, causing him to lose consciousness. He subsequently developed gastrointestinal and cardiovascular symptoms, recurrent headaches, chronic fatigue due to lack of restorative sleep, nightmares, dizziness, diminished sexual desire and ability to engage due to pain. He complained of stress, low energy, and compulsive eating resulting in significant weight gain. Anxiety and depression were manifested by recurrent thoughts of suicide, anger, and irritability, and social withdrawal, inability to enjoy leisure activities, decreased self-esteem, impaired concentration and memory. The patient received psychiatric consultation in 2012, at which time he was given the diagnosis of post-traumatic stress disorder. 08/01/13 Physician's progress report, [REDACTED]: shows subjective complaints being "the patient is withdrawn, at times he is tearful. He sleeps an average of 4-6 hours." The patient's diagnoses were PTSD, insomnia due to pain, and male hypoactive sexual desire disorder due to pain. Medications at that time included Wellbutrin 300mg one in the morning, Ativan 0.5mg one in the morning and 1pm, as well as Norco and Fexmid (prescribed by [REDACTED]). 09/10/13 Utilization review certifying Wellbutrin XL 150mg, Ativan 0.5mg, and one monthly psychotropic medication management for up to 6 months through 11/8/13. This report notes that the patient had been on Wellbutrin and Ativan since at least 03/31/12, with little help in improving his mood however the dose was being adjusted. It appears that the Ativan was certified in the context of treating insomnia, as ODG insomnia guidelines we referenced. No further records were provided describing the patient's symptomatology, psychiatric medication, psychological treatment, improvement, etc. A psychological consultation was requested on 09/25/13 however there was no report included for review.

## **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

### **ONE PRESCRIPTION OF WELLBUTRIN XL 150MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); MENTAL ILLNESS & STRESS, ANTIDEPRESSANTS FOR TREATMENT OF POST-TRAUMATIC STRESS DISORDER (PTSD).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS & STRESS, ANTIDEPRESSANTS FOR TREATMENT OF PTSD.

**Decision rationale:** The patient has been prescribed Wellbutrin since at least 03/31/12; however as of 08/01/13 he remained tearful and withdrawn, but no other signs or symptoms of PTSD were evinced. At that time the dose was adjusted from 150mg to 300mg per day. Continuation on an antidepressant to treat Post-traumatic stress disorder (PTSD) is medically indicated due to the chronicity of the disorder. If he responds to antidepressant treatment for PTSD he may need to continue indefinitely, but first it must be determined if his symptoms will adequately respond to Wellbutrin. Currently no symptoms are reported that confirm the diagnosis of PTSD and justify the need for ongoing treatment. No time frame was specified in this request, therefore one prescription of ativan 0.5mg is not medically necessary and appropriate.

### **ONE PRESCRIPTION OF ATIVAN 0.5MG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS & STRESS, PTSD PHARMACOTHERAPY; MENTAL ILLNESS & STRESS, INSOMNIA TREATMENT.

**Decision rationale:** The injured worker has been on Ativan since 03/31/12. As of the last physician's progress note of 08/01/13, he was taking it in the morning and afternoon, which appears to be as treatment for the PTSD and not insomnia as the UR certification of 09/10/13 indicates. ODG recommends against the long term use of benzodiazepines to manage core symptoms in PTSD, and for insomnia they are recommended for short term use. Core symptoms of PTSD have not been reverified in recent records. The request is noncertified at this time.

### **ONE MONTHLY PSYCHOTROPIC MEDICATION MANAGEMENT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 398, 402.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**Decision rationale:** The patient continues to be symptomatic, manifested by subjective complaints of tearfulness, being withdrawn, and experiencing sleep disturbance. His medications included Wellbutrin, and Ativan, as well as Norco and Fexmid. Regular reassessment of medication efficacy, the need for adjustments or other changes, side effects, and drug:drug interactions is an essential part of health care delivery. Monthly psychotropic medication management is medically necessary however the number of visits and how often they will occur were not specified in this request. The request is noncertified at this time.